ATTACHMENT A

ATTACHMENT J.1.2- Foster Care Rates Effective January 1, 2013

ATTACHMENT J.1.3- Youth Benchmarks

ATTACHMENT J.2.4 - Budget Package Instructions

ATTACHMENT J.2.5 - Budget Package Cover Sheet

ATTACHMENT J.1.2

Foster Care Rates Effective January 1, 2013

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Child and Family Services Agency



ATTACHMENT J.1.2

Foster Care Rates Effective January 1, 2013

The following standard daily rates shall be paid to foster parents for federal-defined levels of care for the categories of foster care established by CFSA in this Human Care Agreement Solicitation.

TRADITIONAL FOSTER CARE: \$32.41

TEEN PARENTS CARE: \$32.41

THERAPEUTIC FOSTER CARE: \$41.79

SPECIALIZED FOSTER CARE: \$41.79

ATTACHMENT J.1.3

Youth Benchmarks

YOUTH BENCHMARKS

						The second secon
EXITS TO PERMANENCE	Even	Every child and youth will exit foster care to a well-supported family environment or lifelong connection as quickly as possible. CFSA staff will support families after permanence to ensure that family connections are stable. Older youth will exit with the education and skills necessary to help them become successful, self-supporting adults.	xit foster care to a well-supported family environment or lifelong connection as quickly as possible. CFSA ter permanence to ensure that family connections are stable. Older youth will exit with the education and skills necessary to help them become successful, self-supporting adults.	environment or lifelong connections are stable. Older you successful, self-supporting a	ection as quickly as possible, varth will exit with the education dults.	CFSA 1 and
DOMAINS	Family/ Permanent Connections	Education	Employment Vocation	Health/ Mental	Housing	Financial Management
GOALS	☐ Have some opportunity to process feelings about his/herself	☐ Have a high school diploma or GED	☐ Have basic employability skills	☐ Have complete medical, dental, mental health records	☐ Have identified affordable housing	☐ Empower youth with financial literacy
	☐ Have ongoing connection to at least one positive, caring adult	Have ability to complete a post- secondary degree Market and one out of life delile rector the	☐ Have employment experience that shows a progression of complexity, required skills, and responsibility	☐ Have a understanding of any ongoing medical, dental, or mental health conditions	Have basic home maintenance skills Master a core set of life skills using the Enster Clin Transition Road as a	C Learn to budget, save, build and secure credit
	☐ Permanency achieved through a legal relationship		☐ Have at least one identified career area or interest	U Have an ability to advocate for and obtain medical and mental health	guide	Li master a core set o inte sans bang me Foster Club Transition Road as a guide
A was W	☐ Master a core set of life skills using the Foster Club Transition Road as a guide		 ☐ Have ability to complete a post- secondary degree or vocational training program 	care Have ability to connect with professionals for concluding medical.		e de Silverion
			☐ Master a core set of life skills using the Foster Club Transition Road as a guide	dental, and/or mertal health care Master a core set of life skills using the Foster Club Transition Road as a		6
BENCHMARKS			OUTCOMES	MES		
AGE 15/16	Transition road map demonstrales exits to positive permanence of the control of t	Create a concrete plan for high school completion Deptive hisher inferest in secondary education Deptive post-secondary options, college realthers Courses and activities through community programs and senvices Depticipate in a volunteer program for community Senvice hours That k mastery of the skills through Youth Transition Plant (using Foster Club Transition Road Map as a guide)	I liferitify community programs and services to assesses and explore youth's employment/brocational interess and explore youth's employment/brocational interess and explore you have been opportunities for Job shadowing. Oceate opportunities for Job shadowing. Apply for summer youth employment program. I benify opportunities for part-time employment. Then the commercial program is a program of the program	Learn and gain an understanding about prevente, family planning, safe sex practices, and route health planning, safe sex practices, and route health appointments. Cischedia own health appointments in seeded (mental health, substance above, by service, etc) and and gain an understanding of histher health conditions, needs, medications, if any, etc. Cleanity and provide services for youth thermity and provide off old development classes and parenting lies still programs for the name thermity and provide off old development classes and parenting lies still programs for the name parents. The American y diffe stills through Youth Transition Plan Using Foster Cliub Transition Plan Using Foster Cliub Transition. Road Mep as a guide)	DLearn household delly living skills (e.g. clearing your home, Ludgeling groups shopping) Learn about housing options and costs (e.g., informational interviewing with leasing informational trian-information community (i.g., information experiment). Tirack mastery of file skills through Youth Transition Plan (sking Foster Club Transition Road Map as a guide)	DParticipate in financial filteratory and money management workshops Dawkop a savings and budgep plan ETrackimseley of file solits through Youth Transition Plan (using treater Cub Transition Road Map as a guide)

D-Participate in financial literacy and money management workshops who become a consideration of the constraint month there and revelve it with a Cholan coveril month there and revelve it with a	supportive adult (i.e., footer parent, GAL, SW) at ages 17 Learn love to correct discrepandes on credit ages 17 Elearn love to correct discrepandes on credit and correct discrepandes on Coultre curriculum Errolled in Bank on DC cultre curriculum Transition Plan (using Froster Club Transition Road Map as a guide)	DDemonstrates financial iteracy and money management by mahfaling a savings, budget and checking account management by mahfaling a savings, budget and checking account management check reviews if with a supportive acutif (its rister parent GAL, SNN) at age 19; correct any distrempendies Doorlines with Benck on DC mark mastery of ities skiller frough Youth Transition Plan (using Foster Olub Transition Road Map as a guide)	Demonstrates and money and money management by management by maintaining a sevings, budget and checking account money and checking account and checking account and checking account and checking account and checking and checking and checking and administration who bothain a special topic check, review it will a supportive and check, review it will a supportive and check, review it will be sent a significant conditions with Bank on DC continue with Bank on DC continue with Bank on DC management and a series of the sellis through Youth Transition Pan (using Foster Club Transition Road Map as a guitie)
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D. Llearn and gain an understanding about preventine, family palmy and gradienes, and trothine half planning, safe sex practices, and trothine half planning.	Decondate with mean eye, man in mean eye, man in the ded (mental health, substance abuse, ID's service, etc) Clearn and gain an understanding of higher health conditions, needs, medications, if any, etc. Clidentify and provide services for youth identifying as LGBTO. Dicherity and provide services for youth identifying as LGBTO. Dicherity and provide child devolpment classes and parenting file skill programs for tean parents. Track meselny of file skills through Youth Transition Plan (using Poster Club Transition Read Map as a gould)	Unidenstands and demonstrates preventive, family glanting, sale exc practices, and routine health canny planting, sale exc practices, and routine health and an excess therapeutic Tresources (mental health, substance abose, DV resources (mental health, substances (medical records in fide health or orditions, needs, medicals resources higher reading providers health conditions, needs, medicals with any self-seleon and self-dishing providers health or substances (medical records medical records (medical records (DEB) Top perior health or substances and identify sublid development benchmentals and supportive community resources.	Dividesisands on how be access and read medical courts are the medical courts. Understands hisher health conditions, needs, medical reads if may, etc. Ulconstrained hisher health conditions, needs, medical care providers health instructor and medical care providers health each learn learn learning foster care and medical care to be monistried to be more than the second and care downwards to be a health self-esteem and self-efficacy. Ulcave common learning to make a consistent of the access to medical records and care downwards agencies. If needed mentify supportive services agencies, if needed mentify supportive services agencies, if needed mentify supportive services agencies and supportive community resources and supportive community resources and supportive community resources. In Track mastery of tile skills through Youth Transition Plan (using Pocker Club Transition Plan (using Pocker Club Transition Plan as a guide).
DObbain work experience while in school DExplore and prepare for another enroll in an inclusty recognized licenselbedification	Luberapo Sont sants necessary to constitutional employment (Corpolete sessessment for employment readness and refer for additional supports if needed (Le., DOCES, RSA). DOCES, RSA) DOCTOMPIée à restame and services to assess and explore youth's assessary and services to assessary and explore youth's and services and employment/vocational interesis. DOceate opportunities for Jub de hardwaring influences and interesting and interesting and volument and employment frogram. The formation of file suite through Youth Transition Plat (using preter Club Transition Read Map as a guide).	D'Youth has positive work experience and/or currently is holding a plo currently is holding a plo Dobath morpessively responsible work experience Il Conduct employment search Il Cosporty outworks high and assembly membrase things programs ID-expect poronete plan to complete employmento-exclaimal feature employmento-exclaimal feature employmento-exclaimal feature employmento-exclaimal feature exclaimal en updaled resume Ditrack maslery of life selfait through Youth Transition Plan (using Foster Club Transition Road/Map as a guite)	Inkanian employment that is considered progressively advancing work experience of Participation to poportunities for employment skill building. Maniahain connection with agencies in the community with specialize in employment opportunities for additional support. Incomine to develop the skills income to develop the skills income to develop the skills frough? Youth Transition Plan (using Poster Club Transition Road Map as a guide)
D'Compéleion of cournunity service hour requirements Cournels Cour	Ucban interrupt opporumization Dichani Interrupt inscendiary but control in secondary education Dichanify post-secondary options, college readiness courses and activities formagin community progents and services coursels plan for post-secondary completion. Clockels a concrete plan for post-secondary completion. Clockels a concrete plan for post-secondary education and apply for resources to cover all expenses (e.g. ETV, FATCA, scholarships, etc.) Diegle prose-secondary readinging grogen Direct mastery of file side frough Youth Transition Plan (tising Foster Club Transition Road Map as a guide).	Diegin post-secondary credentialing program To Diening vaporing supportive services in post- secondary program OR-eroview and finalize a concrete plan for completing post-secondary credential Develop a plan is fund post-secondary credential post transition from foster care To Total massign of file stalls through Youth To Trackmassing of file stalls through The Trackmassing of file stalls through To Trackmassing of file stalls through The Trackmassing of file sta	Drovide ongoing support while in college or vocational state plan to find post-secondary credential post transition from toster care post transition from toster care post transition from toster care from the first strough Youth Transition Plan (sking Foster Out Transition Plan (sking Foster Out Transition Plan (sking Foster Out Transition Road Map as a guide)
UNahidaring family connections encouraged Ulleling connections identified and invited to Fausifion read map planning meetings	Community resources exponed to stabilize youth (e.g. CASA, menbring, etc.) Firnalize permanency plan using the 'tansition road map mentanency plan using the 'tansition road manners achieved through a legal reletanship to read, maintain and securing vital Checuming how to read, maintain and securing vital Checuming how to read, maintain and securing vital chocuments (i.e. count order, bith certificate, Social Security Card, government issued ID etc.) Ol Track massign of file skills through Youth Transition Plan (tisting Foster Club Transition Road Map as a guide).	Dikahishing family connections encouraged This floop connections (selfitide and invited to Transition road map planting enemings To Community resources explored to stabilize youth (e.g., CASA, manioring, etc.) Tile-visit inalized permanency plan rolled in transition road map To Demonstrates are stately in reading, manifaming and security dial document (it ac court order, birth certificate, Social Security Card, government Staued Det Rasser, of life skills through Youth Transition Plan (using Poster Club Transition Road Map as a guide)	GReferred for after care services To clinefinitied autoports are a part of teaming and transition mad map planning Establish a concrete plan in how identified Support with the manifiared after care support with the manifiared after care Demonstrates mastery in reading, maintaining and security vital documents (it, court order, birth certificate, Social Security Card, government issued ID etc.) Demonstrates the state of through a legal independent of the court order, birth certificate, Social Security Card, government issued ID etc.) Demonstrates of this solid in the plan independent of the court order, birth certificate is the court order. Transition Plan (Listor Forest Club Transition Road Mapresa a guide)
AGE 17/18	A Second	AGE 19	AGE 20

ATTACHMENT J.2.4

Budget Package Instructions

Family Based Foster Care Case Management Daily Per-diem	Family Based Foster Care Administrative Rate	Family Based Foster Care Cost Reimbursement
Schedule 1: Salary/Wage • Current Direct Service Personnel – required by licensure/contract • Current Direct Service Support Personnel • TBD/TBA-Direct Service/ Direct Service Support Personnel	Current Administrative Personnel – required by licensure/contract Current Administrative Support Personnel TBD/TBA-Administrative/ Administrative Support Personnel	Schedule 1: Salary/Wage (N/A)
 Schedule 2: Fringe Benefit Social Security (FICA) Health/Hospitalization Insurance Worker's Compensation Unemployment Insurance Other Benefits (any other employerpaid benefits) 	Schedule 2: Fringe Benefit Social Security (FICA) Health/Hospitalization Insurance Worker's Compensation Unemployment Insurance Other Benefits (any other employer-paid benefits)	Schedule 2: Fringe Benefit • (N/A)
Schedule 3: Consultants/Experts • (N/A)	Schedule 3: Consultants/Experts • (N/A)	Schedule 3: Consultants/Experts Psychiatrists Psychologists Nurses/Nursing Agencies Tutors/Tutoring Agencies Mentors/Mentoring Agencies Temporary Direct Service Personnel Accountants/Auditors or Firms
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Family Based Foster Care Case Management Daily Per-diem	Family Based Foster Care Administrative Rate	Family Based Foster Care Cost Reimbursement
Schedule 1: Salary/Wage • Current Direct Service Personnel – required by licensure/contract • Current Direct Service Support Personnel • TBD/TBA-Direct Service/ Direct Service Support Personnel	Schedule 1: Salary/Wage • Current Administrative Personnel – required by licensure/contract • Current Administrative Support Personnel • TBD/TBA-Administrative/ Administrative Support Personnel	Schedule 1: Salary/Wage • (N/A)
Schedule 2: Fringe Benefit Social Security (FICA) Health/Hospitalization Insurance Worker's Compensation Unemployment Insurance Other Benefits (any other employer-paid benefits)	Schedule 2: Fringe Benefit Social Security (FICA) Health/Hospitalization Insurance Worker's Compensation Unemployment Insurance Other Benefits (any other employerpaid benefits)	Schedule 2: Fringe Benefit • (N/A)
Schedule 3: Consultants/Experts • (N/A)	Schedule 3: Consultants/Experts • (N/A)	Schedule 3: Consultants/Experts Psychiatrists Psychologists Nurses/Nursing Agencies Tutors/Tutoring Agencies Mentors/Mentoring Agencies Temporary Direct Service Personnel Accountants/Auditors or Firms

Family Based Foster Care Cost Reimbursement	Schedule 6: Supplies/Minor Equipment Costs • (N/A)	Schedule 7: Capital Equipment/Outlays Costs • (N/A)	Schedule 8: Client Expense Costs • Emergency Food • Emergency Clothing • Day Care • After School Care • Respite Care • Personal Incidentals-Emergency • Household Furnishings
Family Based Foster Care Administrative Rate	Schedule 6: Supplies/Minor Equipment Costs Office Supplies Office Furnishings - Purchase Minor Equipment - Rental/Lease Minor Equipment - Purchase	Schedule 7: Capital Equipment/Outlays Costs (Note: Reimbursed in accordance with an IRS compliant depreciation schedule) • Vehicle Purchase • Major Facility Repairs • Major Equipment Purchase • Other Capital Outlays	Schedule 8: Client Expense Costs • (N/A)
Family Based Foster Care Case Management Daily Per-diem	Schedule 6: Supplies/Minor Equipment Costs (N/A)	Schedule 7: Capital Equipment/Outlays Costs (N/A)	Schedule 8: Client Expense Costs • Standard Foster Care Room/Board Payments

Family Based Foster Care Case Management Daily Per-diem	Family Based Foster Care Administrative Rate	Family Based Foster Care Cost Reimbursement
	5	 Recreation Activities/Memberships Recreational Equipment Socio-Cultural Activities Gifts (Christmas, birthday or special occasion) Court Ordered Costs/Services (Must be itemized) Client Costs Other (Must be itemized
Schedule 9: Communications Costs • (N/A)	Schedule 9: Communications Costs • Telephone/Landline (staff) • Cellular Telephone Service (staff) • Internet Service • Postage • Delivery Service	Schedule 9: Communications Costs • (N/A)
Schedule 10: Other Direct Costs • (N/A)	Schedule 10: Other Direct Costs Staff Recruitment & Advertising Staff Training Foster Parent Recruitment & Advertising Foster Parent Training Foster Parent Awards/Events	Schedule 10: Other Direct Costs • (N/A)

Family Based Foster Care Case Management Daily Per-diem	Family Based Foster Care Administrative Rate	Family Based Foster Care Cost Reimbursement
Schedule 11: Indirect/Overhead Costs • (N/A)	Schedule 11: Indirect/Overhead Costs (Note: Excludes items budgeted as Administrative Expenditures from Schedule I thru 10) Administrative Financial Other Indirect	Schedule 11: Indirect/Overhead Costs • (N/A)

ATTACHMENT J.2.5

Budget Package Cover Sheet

DISTRICT OF COLUMBIA CHILD AND FAMILY SERVICES AGENCY FAMILY BASED FOSTER CARE BUDGET PACKAGE (CERTIFIED COST AND PRICING DATA)

BUDGET PACKAGE COVER SHEET

PROVIDER:
MAILING ADDRESS:
CONTACT NAME:
SERVICE: ORIGINAL REVISION
CONTRACT NO:
CONTRACT ADMENDMENT/REVISION (NUMBER)
PERIOD FROMTO
DATE DELIVERED/MAILED TO CFSA:/
CERTIFIED BY AUTHORIZED PROVIDER OFFICIAL:
Name
Title
Signature
NOTE: ALL INFORMATION MUST BE SUBMITTED TO THE CONTRACTS AND PROCUREMENT ADMINISTRATION, 200 I Street, S.E., Suite 2031, Washington, DC 20003. Any information submitted to any other location or person shall not be considered.
RECEIVED IN CFSA/CONTRACTS AND PROCUREMENT ADMINISTRATION:
DATE: /
RECEIVED BY: Name and Title
BUDGET PACKAGE COMPLETE
(ALL SCHEDULES COMPLETED, INCLUDING ALL REQUIRED ATTACHMENTS AND BUDGET NARRATIVE)
ADEQUATE NUMBER OF COPIES SUBMITTED (ONE (1) ORIGINAL AND THREE (3) COPIES

DISTRICT OF COLUMBIA CHILD AND FAMILY SERVICES AGENCY FAMILY BASED FOSTER CARE BUDGET PACKAGE INSTRUCTIONS

The following schedules comprise the Child and Family Services Agency (CFSA) budget package:

Budget Package Cover Sheet

Schedule 1: Salary and Wage Justification

Schedule 2: Fringe Benefit Justification

Schedule 3: Consultants/Experts Justification

Schedule 4: Occupancy Cost Justification

Schedule 5: Travel and Transportation Cost Justification

Schedule 6: Supplies and Minor Equipment Cost Justification

Schedule 7: Capital Equipment and Outlays Cost Justification

Schedule 8: Client Expense Cost Justification

Schedule 9: Communications Cost Justification

Schedule 10: Other Direct Cost Justification

Schedule 11: Indirect/Overhead Cost Justification

Budget Summary

Daily Per Diem Worksheet

Attachment A – "Contract Costing for Family Based Foster Care Providers"

The budget package serves as part of the certified cost and pricing data required by the Government of the District of Columbia, Child and Family Services Agency (District, CFSA or the Agency). The provider is required to complete all sections of the budget package according to these instructions and any other instructions provided by the District. All schedules must be completed and the appropriate documentation attached, as stated in these instructions. Failure to provide required documentation shall result in the rejection of the provider's Offer. Provide/attach additional sheets as necessary.

This budget package should be completed after the offering organization has developed a complete and detailed budget for operating the service(s) being proposed. The organization's own budgeting process may not be substituted for these CFSA forms/templates or instructions.

GENERAL INSTRUCTIONS

- The forms/worksheets in the CFSA Budget Package should be completed in the following order:
 - 1) Budget Package Cover Sheet
 - 2) Schedules 1 thru 11
 - 3) Budget Summary
 - 4) Unit Cost/Daily Per-Diem Worksheet
- Ensure the "TOTALS" from Columns (1) thru (11) of each Schedule (1 thru 11) populates or are posted to the Budget Summary. The Budget Summary should populate upon the accurate completion of Schedule 1 thru 11. Should the Budget Summary not populate correctly, please post the totals from each Schedule to the appropriate column/cell on the Budget Summary.
- In completing the budget, Providers are to distinguish the costs associated with each facility that the Provider proposes to use to provide services. The budget schedules give space for six (6) facilities. For each Schedule, determine the number of facilities to be utilized, and if necessary, either delete the extra "facility" columns/cells or insert additional ones.
- In general, "minor" is defined as an item costing \$5,000 or less; "major" is defined as an item costing more than \$5,000.
- Each worksheet has been pre-formatted (Microsoft Office-Excel 2007) to show whole dollars. Should the pre-set format fail, either re-format the appropriate cells to show whole dollars; or use whole dollar amounts, rounding amounts of 50 cents or more up to the next whole dollar and amounts of 49 cents or less down to the next whole dollar.
- All proposed items of cost must be supported by documented/audited historical expenditure data. Providers should be prepared to provide financial documentation in the form of journals, ledgers, registers, billing statements, bank statements, lease/rental agreements, mortgage documents and/or receipts to support any/all proposed costs.
- Provider must also submit a Budget Narrative which provides detailed justification for each proposed item of cost not already included in an attachment to a particular budget schedule. The Budget Narrative is an essential part of the provider's budget submission.
- The specific instructions the each form and schedule are on the following pages. Please read all instructions carefully. Failure to include all information required by each schedule, including all attachments, shall result in the rejection of the Offer.

BUDGET PACKAGE COVER SHEET INSTRUCTIONS

The Budget Package Cover Sheet should be completed as follows:

<u>Provider</u>: enter the name of the organization offering to provide the service. If different levels of a single organization are involved (e.g., a separately named entity within the larger organization), enter the name of the organization with ultimate <u>financial</u> responsibility for delivering the service.

<u>Original/Revision</u>: enter an "X" in the appropriate box to show whether this package is the original budget (the one first submitted to CFSA for the period covered) or a revision. If a revision, enter the sequential number of the revision (e.g. the first revision is Number 1, etc.).

<u>RFP/Contract No</u>: enter the Request for Proposal number corresponding to the RFP under which the vendor is proposing to provide service. Enter the Contract number if this budget is for a renewal, amendment or extension to a contract in force. <u>In the event CFSA has not provided a contract number or RFP number</u>, please leave this field blank.

Contract Period-From (To): enter the beginning and end dates to be covered by the proposed budget.

<u>Approved By Authorized Provider Official:</u> print/enter the name of the person officially authorized to represent the Provider entity in these negotiations.

Authorizing Official's Title: print/enter the title of the authorizing official.

Authorizing Official's Signature/Date: the authorized official must sign and date.

<u>Date Delivered/Mailed to CSFA:</u> print/enter the date the complete Budget Package was delivered or mailed to CFSA.

The accurate completion of the Cover Sheet should populate the corresponding data to be entered on the "Unit Cost/Daily Per Diem Rate Worksheet"; the "Budget Summary"; and Schedules 1 thru 11.

Allocating Costs to Benefiting Programs/Funding Sources

Columns 1 thru 7 are detailed on each of the Costs Schedules (1 thru 11). These columns are defined as noted below. The costs allocable to each of these potential program and/or funding sources must be posted in the appropriate column/cell for each Schedule. As part of the supporting Budget Narrative the Provider must explain in detail the allocation methodology or methodologies utilized to allocate specific costs equitably amongst all benefiting programs and/or funding sources.

Additionally, Columns 8 thru 11 are detailed as applicable on each of the Costs Schedules (1 thru 11). These columns are defined as noted below. CFSA has pre-determined which method of reimbursement applies to each specific category and/or line item.

- <u>Column 1 Traditional FBFC Program</u>: The allocated cost of proposed serves for children and youth ranging in age from birth until twenty-one (21) years that have emotions and behaviors typical of abuse and neglect, but do not have conditions requiring therapeutic care.
- <u>Column 2 Therapeutic FBFC Program</u>: The allocated cost of proposed serves for children and youth ranging in age from birth until twenty-one (21) years that have need for a more therapeutic milieu as supported by an Axis 1 diagnosis and CFSA-approved clinical justification.
- <u>Column 3 Specialized FBFC Program</u>: The allocated cost of proposed serves for children and youth ranging in age from birth until twenty-one (21) years that have developmental disabilities and/or are medical fragility due to life threatening illness or chronic health conditions.
- <u>Column 4 Another DC Agency (Government) Gov't Program</u>: The allocated cost of services funded by another DC agency.
- <u>Column 5 Another State's Program</u>: The allocated cost of services funded by the other states (i.e. Maryland, Virginia, etc.)
- Column 6 Federal Funding: The allocated cost of services funded by Federal grants/programs.
- <u>Column 7 Provider Agency Contributions</u>: The allocated cost of services funded by provider agency funds/contributions.
- <u>Column 8 Total Program Costs</u>: The total cost of the program to provide the proposed services (the sum of columns 1 thru 7).
- <u>Column 9 Administrative Rate</u>: Administrative line item costs are defined as the costs of general and/or indirect administrative services, activities or functions that are not defined as case management or cost reimbursable. Post from either Columns 1, 2 or 3, whichever is the proposed contract program, the allocable administrative line item costs. See Attachment A: "Contract Costing for Family based Foster Care Providers" for examples of items of costs which may be included in the Administrative Rate.

<u>Column 10 – Case Management Per-Diem</u>: Case management line items costs are defined as the costs of wages/salaries and fringe benefits of case-carrying social workers, their immediate supervisors, and family support workers; and the prescribed foster care room and board payments. Post from either Column 1 or 2, whichever is the proposed contract program, the allocable case management line item costs. See Attachment A: "Contract Costing for Family based Foster Care Providers" for examples of items of costs which may be included in the Case Management Per-Diem.

<u>Column 11 – Cost Reimbursement</u>: Cost reimbursable line item costs are defined as the costs of client (child/youth) specific services/activities, and other costs that not defined as administrative or case management. Post from either Columns 1, 2 or 3, whichever is the proposed contract program, the allocable cost reimbursable line item costs. See Attachment A: "Contract Costing for Family based Foster Care Providers" for examples of items of costs which may be included in Cost Reimbursement.

<u>Column 12 – Total Proposed Contract Costs</u>: The total cost of the proposed contract to provide the services for the children and youths to be served (the sum of columns 9 thru 11).

SCHEDULE 1: SALARY AND WAGE JUSTIFICATION

This Schedule details the salaries/wages to be paid to each of the organization's employees for the provision of services under this contract. The portion of salaries/wages allocable to each of these potential program and/or funding sources must be posted in the appropriate column/cell.

<u>A - Employee Name:</u> Enter the name of the person who will fill each position. If an individual has not yet been hired, enter "TBF" for "To be Filled," and enter the date on which the position is to be filled. **Attach** the job announcement and a commitment letter stating offeror's intent to hire contingent upon award of this contract.

B - **Position Title:** Enter the title of each position to be funded for the provision of services under this contract.

<u>C - Salary/Wage:</u> Indicate with an "X" in the appropriate column/cell, whether the position is salaried or hourly/wage based.

D - Annual Salary/Hourly Wage:

For salaried positions: enter the full base salary corresponding to the period covered by this budget. (Note: include in base salary the amounts paid for vacation, holidays, and other leave. Bonuses, personal use of organizational assets, auto allowances, and other cash-value fringe benefits should be included in salary). Include any anticipated salary increase for each position by pro-rating the increase salary over the period after the increase is anticipated to be given.

If a position is "To Be Filled (TBF)," enter the salary corresponding to the part of the period the position will be paid.

For hourly positions: for full-time or part-time hourly employees enter their hourly rate of pay.

E - Percentage (%) of Time/Salary or Number (#) of Hours/Wage: The entry in this column will differ, depending on whether the position is on salaried or hourly wage based.

For salaried positions: enter the percentage of overall time the individual will dedicate to this contract (Note: the entry cannot exceed 100 percent).

For hourly positions: enter the maximum number of hours the individual will dedicate to this contract (Note: the entry cannot exceed 2080 hours, which equates to a full time equivalent).

Enter the amount calculated by multiplying the figures in column D (Annual Salary/Hourly Wage) *times* column E (Percentage (%) of Time/Salary or Number (#) of Hours/Wage) in the appropriate column representing the proposed service type program:

Column 1 - Traditional FBFC Program

Column 2 - Therapeutic FBFC Program

Column 3 - Specialized FBFC Program

Note: If the proposed service type(s) is not one of the aforementioned column headings, replace the column heading(s) with the appropriate service type(s).

SCHEDULE 2: FRINGE BENEFIT JUSTIFICATION

This Schedule details the amount that will be paid by the organization on behalf of employees carrying out the work of this contract for each of the following four categories of fringe benefits (provided such benefits are granted under approved plans and are distributed equitably): The portion of fringe benefits allocable to each of these potential program and/or funding sources must be posted in the appropriate column/cell.

Column A –Benefits Types

FICA: the amount paid by the employer (separate from the amount withheld from an employee's salary or wages). Contributions are made at a rate fixed by Federal law. Currently, the rate is 7.65 percent. When rate is expected to change for another calendar year, make separate calculations for the part of each period to be covered by this contract.

<u>Health/Hospitalization Insurance</u>: the amount paid by the employer for health, hospitalization, dental, accidental, disability, or life insurance (in addition to any amount withheld from an employee's salary or wages). A **CERTIFICATE OF INSURANCE** is required to document hospitalization, life insurance and/or long-term disability.

<u>Worker's Compensation</u>: the amount paid by the employer for mandatory worker's compensation insurance under Federal and District or State law. The rate of employer contribution is experience-rated. Attach a **CERTIFICATE OF INSURANCE** showing the schedule of benefits for worker's compensation.

<u>Unemployment Insurance</u>: the amount paid by the employer for mandatory unemployment insurance under Federal and District or State law. The rate of employer contribution is experience-rated. Attach **THE CONTRIBUTION RATE NOTICE** for unemployment insurance.

Other Benefits (any other employer-paid benefits): Attach justification for any additional fringe benefits offered to employees. (Bonuses, personal use of organizational assets, auto allowances, and other cash value fringe benefits should be included in salary. Do <u>not</u> include vacation or other leave in this category – leave is included in salary).

Columns B-Fringe Benefits Costs

Enter the total amount of fringe benefits payable.

Note: It is currently the policy of CFSA to cap reimbursement of the proposed fringe benefit rate costs under its contract at a **maximum of 30.0 percent**. Any proposed fringe benefit rate costs in excess of the 30% maximum should not be allocated to a CFSA program.

SCHEDULE 3: CONSULTANTS/EXPERTS JUSTIFICATION

This schedule details the proposed expenditures by the organization to consultants, specialists, experts and other contract employees who will be paid no fringe benefits. It is completed by filling out the following six columns: The portion of consultants/experts costs allocable to each of these potential program and/or funding sources must be posted in the appropriate column/cell.

<u>Column (1) Position Title</u>: enters the title of each position to be filled by a consultant or expert (e.g. Consulting Pediatrician, Social Worker, etc.).

<u>Column (2) Name</u>: enter the name of the person who will fill each position. Attach a copy of the signed consultant agreement. If an individual has not yet been hired, enter "TBF" for "To be Filled," and enter the date on which the position is to be filled. Attach a job announcement and a commitment letter stating offeror's intent to hire contingent upon award of contract.

<u>Column (3) Base Wage/Hour</u>: enter the basic rate at which the consultant or expert will be paid for each hour worked. If the payment basis is other than hourly (e.g. daily or monthly), convert to an hourly rate and attach justification for other than hourly payment.

<u>Column (4) No. of Hours for Period</u>: enter the number of hours each consultant or expert will work during the period specified for delivering this service.

<u>Column (5) Total Cost</u>: multiply the entry in column (3) by the entry in column (4) to determine the total amount of compensation for consultants and experts covered by this budget.

<u>Column (6) Other Business Activity</u>: If the consultant/expert is charged to any other business activity for the District of Columbia (contract, grant et al) other than the contract for which this budget is being submitted, enter "Y" and attach documentation to show the amount charged to all other business activity. If the consultant/expert is charged to no other business activity, enter "N."

SCHEDULE 4: OCCUPANCY COST JUSTIFICATION

This schedule details the proposed expenditures by the organization for occupying space necessary to carry out the planned service.

The schedule is completed by filling out four columns with summary information on the amounts budgeted for the following categories of occupancy cost: The portion of occupancy costs allocable to each of these potential program and/or funding sources must be posted in the appropriate column/cell.

<u>Rent-Office Space</u>: rental or lease payment for office space used to support the delivering of service. Attach a complete copy of the lease or rental agreement. Attach justification of lease costs in excess of \$8.00 per square foot. (Note: If space is owned, enter mortgage or depreciation amounts and attach documentation).

Rent-Residential Living Space: rental or lease payment for space used as living quarters for the children/youths, for which services are to be provided. Attach a complete copy of the lease or rental agreement. Attach justification of lease costs in excess of \$8.00 per square foot. (Note: If space is owned, enter mortgage or depreciation amounts and attach supporting documentation).

<u>Gas/Electric/Oil/Water</u>: utilities necessary to carry out the service. Attach separate documentation for each component of utility cost.

<u>Trash</u>: separately contracted trash and solid-waste removal. If no special contract arrangements are necessary (i.e. municipal removal) enter "N/A."

Maintenance: separately contracted janitorial and maintenance services. If no special arrangements are necessary (i.e. provided by employees), enter "N/A."

<u>Insurance</u>: separately paid fire, liability or accident insurance associated with specific space. If no special arrangements are necessary (i.e., provided under a master policy for all sites), enter "N/A."

Pest Control: separately contracted pest control and/or extermination services. If no special arrangements are necessary (i.e., provided by employees) enter "N/A."

Building Repairs: separate repair costs.

Security: the cost of non-employee security.

<u>Other</u>: all other costs related to occupying space for the purpose of delivering the identified service. Attach explanation and documentation.

SCHEDULE 5: TRAVEL AND TRANSPORTATION JUSTIFICATION

This Schedule records the proposed expenditures by the organization for travel and transportation necessary to carry out the planned service. The portion of travel/transportation costs allocable to each of these potential program and/or funding sources must be posted in the appropriate column/cell.

The Schedule is completed by filling out three columns with summary information on the amounts budgeted for the following categories of travel and transportation cost:

<u>Vehicle Lease</u>: rental or lease payments for autos, vans, or trucks used in delivering the service. Attach a description of the vehicle and copy of the lease.

<u>Vehicle Depreciation</u>: "accounting-type" charges to account for the future replacement cost of a vehicle already owned. (Note: Vehicles purchased with city, state or federal government funds may be depreciated).

<u>Gasoline/Oil/Supplies</u>: "consumable" supplies necessary to operate vehicles in order to provide travel and transportation in support of the service. Attach separate documentation of each element of cost for each vehicle.

<u>Tires/Batteries</u>: "major" items of expense relative to operating vehicles for travel and transportation to support the planned service. (In general, maintenance and repairs for vehicles not owned or leased by the organization are not allowable).

<u>Maintenance and Repairs</u>: routine maintenance and required repairs of vehicles used in providing travel and transportation to support the planned service. (In general, maintenance and repairs for vehicles not owned or leased by the organization are not allowable).

<u>Insurance</u>: collision, liability and other insurance related to providing travel and transportation to support the planned service.

<u>Registration</u>: vehicle registration and licensing related to providing travel and transportation to support the planned service.

<u>Mileage/Fares</u>: mileage reimbursements and taxi/subway/bus fares related to providing travel and transportation to support the planned service.

<u>Other</u>: all other costs related to providing travel and transportation to support the planned service. Attach explanation and documentation.

SCHEDULE 6: SUPPLIES AND MINOR EQUIPMENT COST JUSTIFICATION

This schedule details the proposed expenditures by the organization for various supplies and minor equipment necessary to carry out the planned service. The portion of supplies and minor equipment costs allocable to each of these potential program and/or funding sources must be posted in the appropriate column/cell.

Using one column for each proposed facility, record the amounts budgeted for the following categories of supplies/equipment cost and attach explanation and documentation:

<u>Office Supplies</u>: paper, pencils and other consumable supplies used in delivering the service. (Note: If most office supplies are used in a central/administrative office, identify one of the "Facility" columns as this office and enter all budgeted amounts under that column).

<u>Office Furnishings</u>: small/minor office furniture and/or equipment used to support the deliver of the proposed service.

<u>Other Supplies</u>: all other supplies required for the purpose of delivering the identified service. These supplies must be itemized in this Schedule.

<u>Other Equipment</u>: all other equipment costs for the purpose of delivering the identified service. This equipment must be itemized in this Schedule.

SCHEDULE 7: CAPITAL EQUIPMENT AND OUTLAYS COST JUSTIFICATION

This Schedule details the amounts to be paid by the organization for capital equipment and other major outlays to carry out the planned service. The portion of capital equipment and other major outlay costs allocable to each of these potential program and/or funding sources must be posted in the appropriate column/cell.

Using one column for each proposed facility, record the amounts budgeted for the following categories of capital equipment cost:

<u>Vehicle Purchase:</u> vehicles purchased for use in delivering the service. This includes cars, trucks and vans. Proposed costs will be reimbursed in accordance with an IRS compliant depreciation schedule. (Note: If most vehicles are assigned to a central/administrative office, identify one of the "Facility" columns as this office and enter all budgeted amounts under that column). Attach a description of the vehicle and documentation of price.

<u>Major Facility Repairs:</u> repairs to a facility other than minor "maintenance" expenses included in Schedule 4 (Occupancy Cost Justification). Attach documentation.

<u>Major Equipment Purchase:</u> major equipment purchased for use in delivering the service. Attach a description and documentation.

SCHEDULE 8: CLIENT EXPENSE COST JUSTIFICATION

This Schedule details the proposed expenditures by the organization for "client (child/youth) specific" expenses to provide the planned services. The portion of client specific costs allocable to each of these potential program and/or funding sources must be posted in the appropriate column/cell.

Foster Care Room/Board Payments (Family Based): the daily per diem (CFSA Room & Board Rates) paid to licensed foster parents providing daily supervision in their own home. The payment includes the cost of daily (meals) food, shelter, clothing, personal incidentals, OTC medical and school supplies; and transportation related to the provision of the aforementioned services/items.

Emergency Food: the cost of purchasing food/meals provided the child/youth for emergency situations only. *Note: The Foster Parent Room/Board payment includes the cost of the child/youth personal incidentals.*

Emergency Clothing: the cost of purchasing clothing provided the child/youth for emergency situations only. *Note: The Foster Parent Room/Board payment includes the cost of the child/youth personal incidentals.*

<u>Day Care/After Care</u>: the cost of daily supervision for the child/youth, when the foster parents are attending DC Family Court, CFSA required meeting, working or hospitalized.

Respite Care: the cost of supportive services that are designed to provide parent(s), guardians(s) and/or children, with a period of temporary, short term, planned or unplanned relief from the ongoing care arrangement, thereby reducing the possibility of crisis and/or disruption of the placement. Respite care is agency-arranged (CFSA or private), and provided by licensed, approved respite care resources. Respite care does not constitute a placement change, and the plan for the child must be to return to the original placement arrangement prior to the respite stay.

<u>Personal Incidentals-Emergency</u>: the cost of items related to personal hygiene, cosmetics, over-the-counter medication, special dietary foods, baby supplies, high chairs, car seats and diapers. *Note: The Foster Parent Room/Board payment includes the cost of the child/youth personal incidentals.*

<u>Household Furnishings:</u> the cost of items of furniture, utensils, and other minor furnishing items used in operating a household as part of delivering the service.

<u>Training</u>: instructional costs incurred on behalf of child/youth inclusive of tuition, books, equipment, and materials directly related to training required under this contract. This line item should not include costs for consultants hired to instruct clients.

<u>Transportation/Travel</u>: the cost of transportation/travel in this schedule are limited to reasonable transportation/travel for the child/youth to parental home for visitation; and for the child/youth to remain in the school in which the child was enrolled at the time of custody/placement paid by the provider. All other transportation/travel should be delineated to Schedule 5 – Travel and Transportation. *Note: The Foster Parent Room/Board payment includes the cost of the child/youth allowable transportation/travel not otherwise specified.*

<u>Metro Fares</u>: the cost of the child/youth's personal travel/transportation on the DC Metro System.

<u>Recreational</u>: the cost of recreational activities proposed. If recreational activities/costs are identifiable, please itemize/price each separately in this section.

<u>Socio-Cultural</u>: the cost of socio-cultural activities proposed. If socio-cultural activities/costs are identifiable, please itemize/price each separately in this section.

Summer Camp: the cost of summer camp for the child/youth.

Gifts: the costs of a reasonable Christmas, birthday or special occasion gift for the child/youth.

<u>Other</u>: any other costs incurred on behalf of child/youth as part of the delivery of this service, which cannot be legitimately included in one of the previous line items. If other expense costs are identifiable, please itemize/price each separately in this section.

SCHEDULE 9: COMMUNICATIONS COST JUSTIFICATION

This Schedule details the proposed expenditures by the organization for communications necessary to carry out the planned service. The portion of communications costs allocable to each of these potential program and/or funding sources must be posted in the appropriate column/cell

Using one column for each proposed facility, enter the amounts budgeted for the following categories of communications costs:

<u>Telephone/Landline (staff)</u>: telephone service to be used for delivering the identified service. This includes local and long distance service. (Note: If all telephone service is billed to a central/administrative office, and costs cannot be attributed to separate facilities, identify one of the 'Facility" columns as this office and enter all budgeted amounts under that column).

<u>Cellular Telephone Service (staff)</u>: telephone service to be used for delivering the identified service. This includes local and long distance service. (Note: If all telephone service is billed to a central/administrative office, and costs cannot be attributed to separate facilities, identify one of the 'Facility" columns as this office and enter all budgeted amounts under that column).

Internet Service: charges associated with cable/Wi-Fi/satellite internet services.

<u>Postage</u>: charges associated with sending letters and packages as part of the delivery of this service.

<u>Delivery:</u> distributing packages or other goods related to delivery of this service. (In general, delivery is to be avoided when the mail is used).

Copying: duplication expenses associated the delivering the identified service.

SCHEDULE 10: OTHER DIRECT COST JUSTIFICATION

This Schedule details the proposed expenditures by the organization for any other direct costs necessary to carry out the planned service not included on Schedule 1 thru 9 and 11. The portion of other direct costs allocable to each of these potential program and/or funding sources must be posted in the appropriate column/cell.

Using one column for each proposed facility, enter the type of expenses and dollar amount. Attach a detailed program and cost justification.

Foster Parent Recruitment & Advertising: the cost of recruitment and advertising activities and materials to attract potential foster parents.

Foster Parent Training: the cost of training activities, events and materials for foster parents.

<u>Staff Recruitment & Advertising:</u> the cost of recruitment and advertising activities and materials to attract potential agency personnel.

Staff Training: the cost of training activities, events and materials for agency personnel.

SCHEDULE 11: INDIRECT/OVERHEAD COST JUSTIFICATION

This Schedule details the amounts to be paid by the organization for indirect, overhead or other administrative costs related to carrying out the planned service. The portion of indirect costs allocable to each of these potential program and/or funding sources must be posted in the appropriate column/cell.

If your agency has an approved (DC, state or federal) Indirect Costs Rate, the Indirect Costs Rate may be applied in this schedule. A copy of the most current approval letter detailing the costs included in the Indirect Costs Rate must accompany this schedule. Costs included in the approved Indirect Cost Rate may not be included in Schedules 1 thru 10.

Using one column for each proposed facility, enter the amounts budgeted for the following categories of indirect/overhead cost:

Administration: general organizational administration not associated with carrying out the specific service. This typically includes the salary, fringe benefits and overhead associated with a central administrative office. It includes a variety of activities not identifiable with program functions, but which are indispensable to their conduct and to the organization's corporate existence.

<u>Financial Management:</u> the services of a qualified accountant and/or bookkeeper necessary to carry out the identified service. (Note: If financial management services are included in the "Administration" line, above, leave this line blank).

<u>Audit:</u> the services of a qualified auditing organization to determine that all-accounting principles were followed in managing the finances associated with delivering the identified service. (Note: If audit services are included in the "Administration" or "Financial Management" lines, or in Schedule 3-Consultants/Experts, leave this line blank).

Other Indirect/Overhead: any other indirect/overhead costs required for delivering the identified service, which cannot be classified in one of the above three indirect/overhead categories, or in Schedule 1 thru 10. Attach explanation and documentation.

BUDGET SUMMARY

Columns 1 thru 11 of the Costs Schedules (1 thru 11) are summarized on the Budget Summary. These columns will populate upon the accurate completion of Columns 1 thru 11 on Schedules 1 thru 11. Should the Budget Summary not populate correctly, please post the column totals from each Schedule to the appropriate column/cell on the Budget Summary.

<u>Column No. 1 - Traditional FBFC Program</u>: The allocated cost of proposed serves for children and youth ranging in age from birth until twenty-one (21) years that have emotions and behaviors typical of abuse and neglect, but do not have conditions requiring therapeutic care.

<u>Column 2 - Therapeutic FBFC Program</u>: The allocated cost of proposed serves for children and youth ranging in age from birth until twenty-one (21) years that have need for a more therapeutic milieu as supported by an Axis 1 diagnosis and CFSA-approved clinical justification.

<u>Column No. 3 – Specialized FBFC Program</u>: The allocated cost of proposed serves for children and youth ranging in age from birth until twenty-one (21) years that have developmental disabilities and/or are medical fragility due to life threatening illness or chronic health conditions.

<u>Column No. 4 – Another DC Agency Program</u>: The allocated cost of proposed for children and youth funded by another DC agency.

<u>Column No. 5 - Another State's Program</u>: The allocated cost of serves for children and youth funded by the other states (i.e. Maryland, Virginia, etc.)

<u>Column No. 6 – Federal Funding</u>: The allocated cost of serves for children and youth funded by Federal grants/programs.

<u>Column No. 7– Provider Agency Contributions</u>: The allocated cost of serves for children and youth funded by provider agency funds/contributions.

<u>Column No. 8 – Total Program Costs</u>: The total cost of the program to provide the proposed services for the children and youths to be served (the sum of columns 1 thru 6).

<u>Column 9 – Administrative Rate</u>: Administrative line item costs are defined as the costs of general and/or indirect administrative services, activities or functions that are not defined as case management or cost reimbursable.

<u>Column 10 – Case Management Per-Diem</u>: Case management line items costs are defined as the costs of wages/salaries and fringe benefits of case-carrying social workers, their immediate supervisors, and family support workers; and the prescribed foster care room and board payments.

<u>Column 11 – Cost Reimbursement</u>: Cost reimbursable line item costs are defined as the costs of client (child/youth) specific services/activities, and other costs that not defined as administrative or case management.

<u>Column 12 – Total Proposed Contract Costs</u>: The total cost of the proposed contract to provide the proposed services for the children and youths to be served (the sum of columns 8 thru 10).

<u>3% For-Profit Fee (if applicable):</u> For-profit entities are allowed to be reimbursed three percent (3%) of the actual reported/documented cash expenditures for the items of cost detailed in Schedule 1 thru 11. To establish the proposed budgeted costs of this program, for-profit entities are allowed to enter a fee of three percent (3%) of the total cost of the proposed service costs (the sum of Schedules 1 thru 11).

Not-For-Profit entities must delete the formula from these column/cells to eliminate this additional fee.

<u>Total Proposal Budget:</u> The total proposed budgeted costs to provide the services for the children and youths for the proposed contract **Service Type**. This is the sum of Schedules 1 thru 11, and if applicable, the 3% for-profit entity fee.

CASE MANAGEMENT PER DIEM RATE WORKSHEET INSTRUCTIONS

Providers will be reimbursed for Case Management via a negotiated per-diem based on caseload and/or the number child/youth service units and the associated costs. The headings on the sheet should populate with the accurate completion of the "Cover Sheet". Should the heading fail to populate, please check (correct if necessary) your entries on the Cover Sheet.

- [A] Total Budgeted Case Management Costs: Should populate from the total of Column 9 "Case Mgmt. Per-Diem" on the Budget Summary worksheet. Should the space fail to populate, please enter the amount indicated as the "Total Budget" in Column 9 "Case Mgmt. Per-Diem" on the Budget Summary worksheet.
- [B] **Proposed Number of Children/Youth in Caseload:** Enter the number of children/youth you've proposed to serve.
- [C] Total Number of Service Units to Be Delivered: The pre-set formula will calculate the (annualized) total number of units of service. The pre-set formula is "=SUM(L22*365)".
- [D] Projected Case Management Daily Per Diem: The pre-set formula will calculate the daily Case Management Per-Diem. The pre-set formula is "=SUM(L20/L24)".